

**FILED**

OCT 04 2021

CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
BY [Signature] DEPUTY CLERK**Attachment 5 - Application to Proceed *In Forma Pauperis* and Financial Affidavit in Support (Austin Division ONLY)**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISIONKimberly D. Hogan Prose

V.

Aspire Financial, Inc.D/B/A Aspire Lending

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Case No. **1:21 CV 0892 RP****APPLICATION TO PROCEED IN FORMA PAUPERIS  
AND FINANCIAL AFFIDAVIT IN SUPPORT**I, Kimberly D. Hogan

declare that I am the Applicant in the above-entitled proceeding. I am requesting permission to proceed without being required to prepay fees, costs, or give security therefor. In support of my application, I state that because of my poverty, I am unable to pay the costs of said proceeding or give security therefor and I believe I am entitled to relief. The nature of my action is briefly stated as follows:

Complaint/Removal/Appeal from SCOTEX case #  
Fraudulent Judgement & Record Stripping 21-0556

In further support of this application, I answer the following questions:

Applicant's Name: Kimberly D. HoganApplicant's Home Address: 10015 Lake Creek Pkwy. #621  
Austin, Tx. 78729**Questions Regarding Ability to Pay****Employment:**Are you now employed? Yes ☐ No ☐ Am Self Employed ☒ 1099  
Only Part Time - injuredIf yes, how much do you earn per month? \$ \$ 1,440

If no, give month and year of last employment: \_\_\_\_\_

How much did you earn per month? \$ \_\_\_\_\_

Name and Address of current or prior employer: Ayurva Wellness - new job just started  
920 Vista Ridge, Cedar Park, TX. 78613  
 If married, state Spouse's name: \_\_\_\_\_

Is your Spouse employed? Yes ☐ No ☐

If working, how much does your spouse earn? \$ \_\_\_\_\_

Do you receive any funds from relatives or for child support? If so, how much per month do you receive? \$ \_\_\_\_\_

**Other Income:**

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments (such as Social Security benefits), or other sources, including government benefits (such as A.F.D.C. or Social Security disability benefits)? Yes ☒ No ☐

If yes, give the amount and identify the sources:

<u>Received</u>	<u>Sources</u>
\$ <u>161.00</u>	<u>1st payroll check from new job @ Ayurva</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____

**Cash:**

Have you any cash on hand or money in savings or checking accounts? Yes ☒ No ☐

If yes, state total amount: \$ 4,000

If neither you nor your spouse receive income of any kind, how are you able to pay for food and shelter?

\_\_\_\_\_

**Property:**

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes ☒ No ☐

If yes, give value and describe it and say in whose name the property is registered.

<u>Value</u>	<u>Description</u>
\$ <u>3,000</u>	<u>Ford F-150 - 1998</u>
\$ <u><del>Saxophone</del> 1,500</u>	<u>Saxophone</u>
\$ <u>1,000</u>	<u>Congas</u>
\$ <u>600</u>	<u>Turquoise Necklace &amp; Bracelet</u>

**Family Status and Dependents:**

Marital Status: Single ☒ Married ☐ Widowed ☐ Separated ☐ or Divorced ☐

Total Number of Dependents: \_\_\_\_\_

Are any of your dependents employed? If so, where:

\_\_\_\_\_

How much do your dependent(s) earn monthly? \$ \_\_\_\_\_

List persons you actually support, your relationship to them:

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Do you pay alimony or child support or any other court-ordered payments? Yes ☐ No ☒

If yes, list how much and describe:

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**Monthly Debts of Applicant and/or Dependents**

Type of Debt

Name of Creditor

Total Debt

Payment

Chase Visa C/C

Chase Bank

\$ 2,499.48

\$ 65

credit Card

U.S. Bank

\$ 8,036.46

\$ 150

Credit Card

Care Credit

\$ 5,191.55

\$ 175

\$           

\$           

**Monthly Expenses of Applicant and/or Dependents**

Rent or House Payment:

\$ 600

Electric & Water Bills:

\$ 150

Gas:

\$ 30

Phone:

\$ 130

Insurance:

\$ 120

For what purpose: auto and renters

Prescriptions: \$ \_\_\_\_\_

For what purpose: \_\_\_\_\_

Transportation/Car Payments: \$ \_\_\_\_\_

For what purpose: \_\_\_\_\_

Medical Bills: \$ \_\_\_\_\_

For what purpose: \_\_\_\_\_

Legal Bills: \$ \_\_\_\_\_

For what purpose: \_\_\_\_\_

Loans: \$ \_\_\_\_\_

For what purpose: \_\_\_\_\_

Miscellaneous: \$ \_\_\_\_\_

For what purpose: \_\_\_\_\_

Is there any more information the Court should consider in making its determination?

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**AFFIDAVIT OF APPLICANT**

I declare under penalty of perjury the above answers and statements to be true and correct to the best of my knowledge. I understand that this affidavit will become an official part of the United States District Court files and that any false or dishonest answer or statements knowingly made by me in this Financial Affidavit are illegal and may subject me to criminal penalties, including any applicable fines or imprisonment, or both.

Signature: Kimberly D. Hogan

Printed Name: Kimberly D. Hogan

Date: September 30<sup>th</sup>, 2021